

## FITNESS REPORT

CONSULT ATTACHED INSTRUCTION SHEET BEFORE COMPLETING THIS REPORT

SECTION A					GENERAL				
1. NAME (Last) (First) (Middle)			2. BIRTH DATE	3. SEX	4. GRADE	5. SERVICE			
6. OFFICIAL POSITION TITLE					7. OFF/DIV /BR OF ASSIGNMENT		8. NOT ELIGIBLE		
9. DATE REPORT DUE IN OF			10. PERIOD COVERED BY THIS REPORT From To		11. MONTHS UNDER MY SUPERVISION		CAREER STAFF STATUS		
12. TYPE OF REPORT (Check one)		SPECIAL (Specify)		INITIAL	REASSIGNMENT-SUPERVISOR		PENDING MEMBER DECLINED DEFERRED DENIED		
				ANNUAL	REASSIGNMENT-EMPLOYEE				

## SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

LIST UP TO SIX OF THE MOST IMPORTANT SPECIFIC DUTIES PERFORMED DURING THIS RATING PERIOD. RATE PERFORMANCE ON EACH SPECIFIC DUTY, CONSIDERING ONLY THE EFFECTIVENESS IN PERFORMANCE OF THAT DUTY. ALL EMPLOYEES WITH SUPERVISORY RESPONSIBILITIES MUST BE RATED ON THEIR ABILITY TO SUPERVISE.

DESCRIPTIVE RATING NUMBER	1. INCOMPETENT IN THE PERFORMANCE OF THIS DUTY		6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS	
	2. BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY		7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY	
	3. PERFORMS THIS DUTY ACCEPTABLY		4. PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5. PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB			
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER	
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER	
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER	

## SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

TAKE INTO ACCOUNT EVERYTHING ABOUT THE EMPLOYEE WHICH INFLUENCES HIS EFFECTIVENESS IN HIS CURRENT POSITION - PERFORMANCE OF SPECIFIC DUTIES, PRODUCTIVITY, CONDUCT ON THE JOB, COOPERATIVENESS, PERTINENT PERSONAL CHARACTERISTICS OR HABITS, PARTICULAR LIMITATIONS OR TALENTS, ETC.



RATING  
NUMBER

1. UNSATISFACTORY
2. BARELY ADEQUATE
3. SATISFACTORY
4. EXCELLENT
5. OUTSTANDING

## NOTE:

IF OVERALL EVALUATION IS UNSATISFACTORY, ATTACH COPY OF MEMORANDUM TO THE EMPLOYEE REGARDING HIS PERFORMANCE.

IF OVERALL EVALUATION IS OUTSTANDING, JUSTIFY THIS EVALUATION IN SECTION E.

## SECTION D DESCRIPTION OF THE EMPLOYEE

IF EMPLOYEE IS DEFICIENT WITH RESPECT TO ANY CHARACTERISTIC, RATE 1; IF OUTSTANDING, RATE 5. (IT IS EXPECTED THAT MOST RATINGS WILL BE 2, 3 OR 4)

PERSONAL CHARACTERISTICS	NOT APPL.	NOT OBS.	RATING					
			1	2	3	4	5	
GETS THINGS DONE								
RESOURCEFUL								
ACCEPTS RESPONSIBILITIES								
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES								
DOES HIS JOB WITHOUT STRONG SUPPORT								
FACILITATES SMOOTH OPERATION OF HIS OFFICE								
WRITES EFFECTIVELY								
SECURITY CONSCIOUS								

FORM 45  
15 Jan.  
1968

STRESS REPORT  
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 EMPLOYEE FOR IMPROVEMENT OF HIS WORK. AMPLIFY OR EXPLAIN, IF APPROPRIATE, RATINGS GIVEN IN SECTIONS B, C AND D TO PROVIDE THE BEST BASIS FOR DETERMINING FUTURE PERSONNEL ACTIONS.

**SECTION F**

**CERTIFICATION**

**1. FOR THE EMPLOYEE:**

I CERTIFY THAT I HAVE BEEN THIS FITNESS REPORT

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**2. FOR THE SUPERVISOR:**

IF THIS REPORT HAS NOT BEEN SHOWN TO THE EMPLOYEE, GIVE REASON  
 EXPLANATIONS

DATE \_\_\_\_\_

TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR  
 OFFICIAL TITLE \_\_\_\_\_

**3. FOR THE REVIEWING OFFICIAL: (CHECK ONE BOX)**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH EMPLOYEE'S PERFORMANCE.

COMMENTS:

DATE \_\_\_\_\_

TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL  
 OFFICIAL TITLE \_\_\_\_\_